

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009566

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **FILED MAR 31 1963** Primary Registration District No. **1003** Registrar's No. **2330** STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b Over 19 yrs	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1926 Delmar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LENA MAE WALKER			4. DATE OF DEATH Month Day Year Feb. 26, 1963
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6/10/01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Monroe, Arkansas	9. AGE (last birthday) 61 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Months Days Hours Min.
12a. FATHER'S NAME Martin Blake		12b. MOTHER'S MAIDEN NAME ?	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records Address
18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) Metastatic carcinoma of the lung DUE TO (b) Primary site of carcinoma not determined DUE TO (c) 165x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Nov. 22, 1963 to Feb. 26, 1963 and last saw her alive on Feb. 26, 1963 Death occurred at 6:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. Robert H. Vanderpearl, M.D. 22a. SIGNATURE (Degree or title) Robert H. Vanderpearl, M.D. 22b. ADDRESS St. Louis State Hosp. 22c. DATE SIGNED 2-27-1963 (State) Mo.			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-4-63	23c. NAME OF CEMETERY OR CREMATORY Washinton Park Cemetery	23d. LOCATION (City, town, or county) Berkeley, Mo.
24. FUNERAL DIRECTOR Dement & Son		25. DATE RECD. BY LOCAL REG. MAR 1 1963	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 7th Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.